



IMMUNIZATION DATA REMOVAL

State Form 52308 (9-05)

Indiana State Department of Health, Immunization Program

INSTRUCTIONS: 1. Complete and return this form

Internal Use Only

Date Removed

Immunization Data Removal

Complete this form to remove your child's immunization record from the Children and Hoosiers Immunization Registry Program (CHIRP). Please print.

I _____ / _____ wish to remove my child's
Parent/Guardian First Name Parent/Guardian Last Name

_____/_____/_____/_____/_____
Child's First Name Middle Name Last Name Date Birth (Month/Day/Year)

M F
Gender
(Circle One)

_____/_____/_____/_____
Parent/Guardian Address City State Zip Code

immunization record from CHIRP.

I understand that my child's immunization records will no longer be available through CHIRP. I understand that I will be required to maintain a hard copy record for the purposes of reporting and verification.

Signature of Parent or Guardian

Date (month/day/year)

Please FAX this form to:

CHIRP Support Center
(317) 233-8827

Or mail it to:

Indiana State Department of Health
Immunization Program 6A-22
2 North Meridian St.
Indianapolis, IN 46204



Indiana State
Department of Health